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APPLICANTS

Miroslav Trajkovic, Ossining, NY;
 Vasanth Philomin, Briarcliff Manor, NY;
 Srinivas Gutta, Buchanan, NY;

** CONTINUING DATA ***** *verified AB*

** FOREIGN APPLICATIONS ***** *verified AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AB</i>	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS
 24737
 PHILIPS INTELLECTUAL PROPERTY & STANDARDS
 P.O. BOX 3001
 BRIARCLIFF MANOR , NY
 10510

TITLE
 Head motion estimation from four feature points

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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